## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 845563**

Address:

City-St-Zip:

Entity Name: VIRGINIA TAG, INC.

FILED Apr 16, 2008 Secretary of State

Entity Nar	ne: VIRGINIA	TAG, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	N HOOD RD , VA 23513	US				
Current Mailing Address:			New Mailii	New Mailing Address:		
PO BOX 12 NORFOLK	2716 , VA 23541	US		1500 SPRING GARDEN ST. PHILADELPHIA, PA 19130 US		
FEI Number:	21-0743293	FEI Number Applied For()	FEI Number Not Appli	icable ( ) Co	ertificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLAI ON, FL 33324	ND RD				
The above in the State		submits this statement for the pu	urpose of changing it	s registered offic	e or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			nt	Date		
Election Can	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HOLLINGSWO	Delete RTH, MARION K ACY DR SUITE 140 024	Title: Name: Address: City-St-Zip:	( ) Ch	nange ( ) Addition	
Title: Name: Address: City-St-Zip:	DIR ( ) MCMAHON, MIO 1818 MARKET PHILADELPHIA	ST	Title: Name: Address: City-St-Zip:	DIR (X) CH MCMAHON, MICHA 1500 SPRING GAR PHILADELPHIA, PA	RDEN ST.	
Title: Name: Address: City-St-Zip:	TR ( ) HART, THERES 5426 ROBIN HO NORFOLK, VA	DOD RD	Title: Name: Address: City-St-Zip:	( ) Ch	nange ( ) Addition	
Title: Name:	( )	Delete	Title: Name:	AS () Ch DI MAIO, MARY AN	nange (X) Addition NN	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARY ANN DI MAIO AS 04/16/2008

1500 SPRING GARDEN ST.

PHILADELPHIA, PA 19130